

No. <b>W 135406</b>		<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  20/20 IMAGING LLC 20/20 HEALTHCARE LLC 6950 PHILIPS HWY #45 JACKSONVILLE FL 32216		SYNERGY CORPORATE SERVICES LLC 921 S ORCHARD ST STE G BOISE 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JOSIP CERMIN	Street or PO Address 3950 PHILIPS HWY STE 45		City JACKSONVILLE	State FL	Country USA	Postal Code 32216
5. Organized Under the Laws of:  <b>FL</b> <b>W 135406</b>		6. Annual Report must be signed.*  Signature: KIM M WILMOTH Name (type or print): KIM M WILMOTH  Date: 03/26/2015 Title: CPA AGENT					
Processed 03/26/2015      * Electronically provided signatures are accepted as original signatures.							